

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000030513**

1. Entity Name

FULLENKAMP-STRAYHORN PROPERTIES, L.L.C.



Principal Place of Business

2911 N.E. PINE ISLAND ROAD  
CAPE CORAL, FL 33909

Mailing Address

2911 N.E. PINE ISLAND ROAD  
CAPE CORAL, FL 33909



02062006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-1196385

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FULLENKAMP, DENNIS J  
2911 N.E. PINE ISLAND ROAD  
CAPE CORAL, FL 33909

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME FULLENKAMP, DENNIS J  
STREET ADDRESS 2911 N.E. PINE ISLAND ROAD  
CITY-ST-ZIP CAPE CORAL, FL 33909

TITLE MGRM  
NAME STRAYHORN, MICHAEL M  
STREET ADDRESS 2911 N.E. PINE ISLAND ROAD  
CITY-ST-ZIP CAPE CORAL, FL 33909

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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03/08/06 80070-022 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-24-06 ✓